

**Grant Period**

Part E grants will be awarded for an eighteen month project period.

**Use of Funds**

1. The recipient State Agency shall use Part E funds to implement the proposed Challenge Activities. The State Agency may contract or enter into interagency agreements with public or private organizations, institutions, or individuals to implement Challenge Activities. Part E funds cannot be subgranted.

2. Part E funds may be used only in accordance with the provisions of Part I of the JJDP Act and the effective edition of the Office of Justice Programs Guideline M.7100.

**Application Due Date**

Applications for FY 1995 Challenge Grants may be submitted after publication of the final guideline and must be received by June 30, 1995. For subsequent years, applications must be received by March 31, in conjunction with the Formula Grant Multi-year Plan or Annual Plan Update. Section 223(a) of the JJDP Act requires that the Formula Grant Plan be "amended annually to include new programs and challenge activities subsequent to State participation in part E."

**Technical Assistance**

Technical Assistance to support the States' efforts in implementing the Challenge Activities Program is available from OJJDP through the same process used for requesting technical assistance for the Formula Grants program.

**Other Requirements—General**

The relevant administrative requirements for categorical grants contained in the effective edition of the Office of Justice Programs Guideline M.7100 apply to Part E Challenge Grant. However, Progress Reports for Challenge Grants are required semi-annually, not quarterly as indicated in M.7100.

**Other Requirements—Statutory**

Section 223(a)(3)(D)(ii) of the JJDP Act requires that the State Advisory Group's annual recommendations to the Chief Executive Officer and the legislature of the State include "progress relating to challenge activities carried out pursuant to part E."

Applications for Challenge Grants must contain an assurance that the State will comply with this provision.

**Shay Bilchik,**

*Administrator.*

**Olga R. Trujillo,**

*General Counsel, Office of Justice Programs.*

[FR Doc. 95-2579 Filed 2-1-95; 8:45 am]

BILLING CODE 4410-18-P

**DEPARTMENT OF LABOR****Labor Advisory Committee for Trade Negotiations and Trade Policy; Meeting Notice**

Pursuant to the provisions of the Federal Advisory Committee Act (Pub. L. 92-463 as amended), notice is hereby given of a meeting of the Labor Advisory Committee for Trade Negotiations and Trade Policy.

*Date, time and place:* February 15, 1995, 10:00 am-12:00 noon, Room C5310, Seminar 1-B, U.S. Department of Labor, 200 Constitution Ave., NW, Washington, D.C. 20210.

*Purpose:* The meeting will include a review and discussion of current issues which influence U.S. trade policy. Potential U.S. negotiating objectives and bargaining positions in current and anticipated trade negotiations will be discussed. Pursuant to section 9(B) of the Government in the Sunshine Act, 5 U.S.C. 552b(c)(9)(B), it has been determined that the meeting will be concerned with matters the disclosure of which would seriously compromise and significantly frustrate the Government's negotiating objectives or bargaining positions. Accordingly, the meeting will be closed to the public.

*For further information, contact:* Fernand Lavallee, Director Trade Advisory Group, Phone: (202) 219-4752.

Signed at Washington, D.C. this 27th day of January 1995.

**Andrew Samet,**

*Acting Deputy Under Secretary International Affairs.*

[FR Doc. 95-2563 Filed 2-1-95; 8:45 am]

BILLING CODE 4510-28-M

**Office of the Secretary****Bureau of International Labor Affairs; U.S. National Administrative Office; North American Agreement on Labor Cooperation; Notice of Address for Hearing on Submission #940003 and Notice of Cancellation of Hearing on Submission #940004**

**AGENCY:** Office of the Secretary, Labor.

**ACTION:** Notice.

**SUMMARY:** On January 12, 1995, the Department provided notice in the **Federal Register** of hearings, open to the

public, on Submissions #940003 and #940004. The notice stated that the hearings would be held in San Antonio, Texas, on February 13, 1995, continuing if necessary on February 14, at a location to be announced.

Submission #940004 has since been withdrawn. The purpose of this notice is to provide the address for the hearing on Submission #940003 and to announce that, due to the withdrawal of the submission, the hearing on Submission #940004 is canceled.

**DATES:** The hearing on Submission #940003 will be held on February 13, 1995, commencing at 9:00 a.m.

**ADDRESSES:** The hearing will be held at the San Antonio City Council Chambers, Municipal Plaza Building, 103 Main Plaza, San Antonio, Texas 78205.

**FOR FURTHER INFORMATION CONTACT:** Irasema T. Garza, Secretary, U.S. National Administrative Office, Department of Labor, 200 Constitution Avenue, NW., Room C-4327, Washington, DC 20210. Telephone: (202) 501-6653 (this is not a toll-free number).

**SUPPLEMENTARY INFORMATION:** Please refer to the notice published in the **Federal Register** on January 12, 1995 (60 FR 2988) for supplementary information.

Signed at Washington, DC, on January 27, 1995.

**Irasema T. Garza,**

*Secretary, U.S. National Administrative Office.*

[FR Doc. 95-2562 Filed 2-1-95; 8:45 am]

BILLING CODE 4510-28-M

**Employment and Training Administration****Job Training Partnership Act, Title IV, Part D, Section 451**

**AGENCY:** Employment and Training Administration, Labor.

**ACTION:** Notice of availability of funds and solicitation for grant application (SGA).

**SUMMARY:** The U.S. Department of Labor (DOL), Employment and Training Administration (ETA), under Title IV, Part D, section 451 of the Job Training Partnership Act (JTPA) is soliciting proposals to conduct a national level multi-state program to train and employ people with disabilities. The Department anticipates that \$4.1 million will be available for Program Year 1995 and intends to award between 8-10 grants. These grants will be awarded on a competitive basis. The purpose of this program is to increase the number and

quality of job opportunities for people with disabilities and assist in eliminating barriers by providing specialized training and outreach services, job development, and unsubsidized employment. This notice describes the process that eligible entities must use to apply for demonstration funds, the subject area for which application will be accepted for funding, how grantees are selected, and the responsibilities of grantees. All information required to submit a proposal is contained in this announcement. Compliance with DOL's assurances and certifications, which are described at 29 CFR Parts 33, 34, 93, 95, 96, 98, and in the Employment and Training Assurances Certifications and Special Conditions, will be required prior to the award. This package of assurances and certifications is available upon request at the address listed below.

**DATES:** Applications for grant awards will be accepted commencing February 2, 1995. The closing date for receipt of proposals will be March 20, 1995 at 2:00 p.m. Eastern time at the address below. It is anticipated that awards will be made by July 1, 1995.

**ELIGIBLE APPLICANTS:** Awards under this solicitation will be made to nonprofit organizations that administer training and employment programs on a national (multi-state) level. Therefore, only applications from those organizations meeting the above requirements will be accepted. Individuals are not eligible to apply.

**SUBMISSION OF PROPOSAL:** An original and three (3) copies of the proposal shall be submitted. The proposal shall consist of two (2) separate and distinct parts.

Section I—*Technical Proposal* shall contain a detailed proposal that demonstrates the offeror's capabilities in accordance with the Statement of Work in Part II. No costs data or reference to costs shall be included in the Technical Proposal.

Section II—*Cost Proposal* shall contain the Standard Form(s) 424, "Application for Federal Assistance", and SGA "Budget" (Appendix A). In addition, the budget shall include on a separate page(s) a detailed cost analysis of each line item in the budget.

**LATE PROPOSALS:** Any proposal not reaching the designated address, by the specified time and date of delivery will not be considered, unless mailed and post marked five (5) days prior to the closing date. The term "postmark" means a printed, stamped or otherwise placed impression (exclusive of postage meter machine impression) that is

readily identifiable without further action as having been supplied or affixed on the date of mailing by employees of the U.S. Postal Service.

**HAND DELIVERED PROPOSALS:** The proposal should be mailed five (5) days prior to the closing date. However, hand delivered proposals must be received by 2:00 P.M., Eastern Time, March 20, 1995 at the address noted in this solicitation. Telegraphed and/or facsimile proposals *will not be honored*. Failure to adhere to above instruction will be a basis for a *determination of non-responsiveness*.

**PERIOD OF PERFORMANCE:** The period of performance will be 12 months from the date of grant execution.

**OPTION TO EXTEND:** Based on the availability of funds, effective program operation and the needs of the Department, grant(s) may be extended for up to three additional years.

**DEFINITIONS:** The term "individual with a disability" means any individual who has a physical or mental disability which for such individual constitutes or results in a substantial handicap to employment [JTPA, section 4(10)(A)]. The term "placement" shall mean entered into unsubsidized employment.

**ADJUSTMENT OF FUNDING REQUEST:** The Department of Labor reserves the right to award a project at level which is different than the proposal.

**ADDRESSES:** Application shall be mailed to: U.S. Department of Labor, Employment and Training Administration, Division of Acquisition and Assistance, Attention: Mr. David Houston, Reference: SGA/DAA 94-22, 2000 Constitution Avenue, NW, Room S-4203, Washington, DC 20210.

**FOR FURTHER INFORMATION CONTACT:** Mr. David Houston, Division of Acquisition and Assistance, Telephone: (202) 219-8702 (This is not a toll-free number).

### Part I. Background

Over the past 15 years, ETA has awarded grants to organizations that provided employment and training and related services to people with disabilities. Currently nine programs are funded to serve people with disabilities. Authorization for these programs comes from JTPA Title IV, section 451(c)(3) in language that established "programs which require technical expertise at the national level and which serve specialized needs of particular client groups, \* \* \*" People with a disability are identified as one such group.

In accordance with the designation of people with disabilities as one of the client groups requiring special assistance, ETA has supported the nine

ongoing programs because they provide customized training and outreach services, job development, and job placement assistance through national organizations having special expertise in addressing the problems of those who are disabled. The ongoing national program are linked to local rehabilitation agencies and employer organizations. In addition, these programs relate to each of the major disabled conditions which constitute barriers to labor market participation such as blindness, hearing, physical impairments. The nine ongoing programs are:

A. *Goodwill Industries of America*—This project provides multi-occupational in-house training and jobs, to physically and emotionally disabled, mentally retarded, deaf, blind people, as well as other people with disabilities.

B. *America Rehabilitation Association*—This project provides on-the-job training and job placement in rehabilitation facilities to people with disabilities.

C. *Epilepsy Foundation of America*—This project provides a national outreach screening and pre-employment evaluation, support service, job-seeking skills training, job search assistance and job placement tailored to the special needs of the underemployed.

D. *Electronic Industries Foundation*—This project provides a national outreach, pre-employment counseling and job placement program and fosters new employment opportunities for people with disabilities, providing a centralized job referral service with the electronic and other industries and rehabilitation agencies.

E. *Mainstream, Inc.*—This project conducts promotional activities to encourage employers to hire people with disabilities and to provide information on workplace accommodations. It recruits and places people with disabilities through a variety of services and a computerized job bank system.

F. *Association for Retarded Citizen (The ARC)*—This project provides on-the-job training in a variety of occupations for people with mental retardation through subgrants with public and private employers.

G. *National Federation of the Blind*—This project provides an applicant registry, job announcements, counseling, job referrals and employer education seminars, and operates a job bank to promote the interests of the blind and place them in employment opportunities.

H. *International Association of Machinists*—This project provides training, supportive service and job

development for unemployed or underemployed persons with disabilities. It provides follow-up services to assure placement success and career advancement for those individuals.

1. *Marriott Foundation for People with Disabilities*—This project is a transitional school-to-work program for youth with disabilities. It provides job training and placement that enhances their current and future and future employment prospects as they prepare to leave high school.

## Part II—Statement of Work

The offeror must demonstrate a thorough understanding of the purpose and objective of people with disabilities training and employment needs. Therefore, DOL/ETA, through this SGA intends to provide grants to organizations that train the disabled and place them in unsubsidized employment.

A. The proposal must include a Statement of Work that demonstrates the offeror's complete understanding of methods used to place people with disabilities into unsubsidized employment, the Statement of Work shall include, but not be limited to:

1. The number of eligible individuals the offeror will train and place into unsubsidized employment,

2. The location of the training and/or project sites (by state, county and city) and the estimated number of individuals to be trained and placed in unsubsidized employment,

3. Type of recruitment methods to be used, including organizations that will assist in the recruitment effort,

4. Evaluation tests or screening tests or screening techniques and methods that will be used to determine employment,

5. Type of recruitment methods to be used, including organizations that will assist in the recruitment effort,

6. Evaluation tests or screening tests or screening techniques and methods that will be used to determine participants needs, aptitude or occupational strength,

7. A plan for gauging customer (both employer and participant) satisfaction with services provided, and

8. Any supportive services that will be provided to participants, which will enhance their ability to obtain employment, e.g. counseling, employability planning, etc.

B. Where training (on-the-job training) is proposed, the offeror shall describe:

1. Type of occupational training to be provided, and

a. Training outlines

b. Timeframes established (not to exceed six months)

c. Measurements of the participant's progress

d. Methods to be used to determine job readiness

C. For Placement Services, the offeror shall describe:

1. Methods and strategies to be used for developing job opportunities for participating,

2. Offeror's special capabilities for establishing effective relationship with private-for-profit as well as non-profit employers what will result in the unsubsidized employment of people with disabilities,

3. Follow-up service planned, to include frequency and type of services provided, and

4. Activities related to the American with Disabilities Act.

D. *Project Performance Indicators* (Measurable Deliverables).

1. Placements. Indicate the number of trainees who will be trained and indicate those placed in unsubsidized employment upon completion of the services provided (which cannot be less than 120).

2. Average Hourly Wage. Indicate the expected hourly wage that will be received by trainees upon completion of the program.

3. Projected Performance Indicators shall be provided on a quarterly basis and for each project site.

## Part III—Rating Criteria for Award

Offerors are advised that the selection of prospective grantee(s) for award is to be made after careful evaluation of proposals by a panel of specialists. Each panelist will evaluate the proposals for acceptability with emphasis on the various factors enumerated below. The evaluation criteria are as follows:

A. *Program Design* (30 points).

Proposals will be evaluated on the bases in which they reflect sound program designs and methods. Areas that will be examined include the following:

(1) The offeror's understanding of the basic aims and objectives of training and employment programs for people with disabilities including methods for gauging customer (employer and participant) satisfaction with the services provided,

(2) The appropriateness of the offeror's approaches and methods for recruiting, screening, training, placing into unsubsidized employment and providing follow-up services to people with disabilities,

(3) The total number of states and localities in which projects are to be operated and the total number of individuals to be trained and of this number indicate those placed into unsubsidized employment,

(4) The offeror's description of its current multistage training and employment delivery system for people with disabilities, and

(5) The offeror's description of its current linkages with local rehabilitation agencies and other human resources programs including JTPA Title II—A, state employment services and state vocational education agencies.

B. *Administrative Capability* (30 points).

Proposals will be evaluated based on the:

(1) Offeror's capability for managing the business aspects of a national multi-state project for people with disabilities,

(2) Timeliness of the offeror's proposed schedule for putting the program into full operation, and

(3) Offeror's institutional capabilities for working cooperatively and successfully with private employers, rehabilitation agencies and other organizations in maximizing the services to people with disabilities and improving their job prospects.

C. *Staff Capability* (15 points).

Proposals will be evaluated based upon:

(1) The duties outline for key executive, managerial, and technical positions appear appropriate to the work to be conducted under the award, and

(2) The qualifications of the persons designated for key executive, managerial, and technical positions including their experiences in administering a recent training and employment program for people with disabilities.

D. *Previous Experience* (25 points).

The proposals will be evaluated on the degree to which the offeror demonstrates that it has successfully carried out national level multi-state training and employment programs for the disabled. Applicants are advised that discussions may be necessary to clarify any inconsistencies in their applications. The final decision on the award will be based on what is most advantageous to the Federal Government as determined by the ETA Grant Officer.

## Part IV—Reporting Recruitment

A. *Quarterly Financial Reports* SF 269.

B. *Quarterly Progress Reports*.

Offerors shall submit to the project officer an original and one copy of a quarterly progress report (not to exceed three pages) of work accomplishments during each quarter of the grant period. This report shall be in both narrative and statistical for and received not later

than 30 calendar days following the end of each quarter.

Signed at Washington, D.C. this 26th day of January, 1995.

**Paul Mayrand,**

*Director of Special Targeted Programs.*

**James C. Deluca,**

*Grant Officer, Office of Grants and Contracting Management, Division of Acquisition and Assistance.*

**Attachments**

- (1) Application for Federal Assistance (Standard Form 424)
- (2) Part II—Budget Information
- (3) Financial Status Report Form (Standard Form 269)

**BILLING CODE 4510-30-M**

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier																												
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier																												
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier																												
<b>5. APPLICANT INFORMATION</b>																															
Legal Name:		Organizational Unit:																													
Address (give city, county, state, and zip code):		Name and telephone number of the person to be contacted on matters involving this application (give area code)																													
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <input type="checkbox"/> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify): _____         </div> </div>																													
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around; font-size: small;"> <input type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify): _____		<b>8. NAME OF FEDERAL AGENCY:</b>																													
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> TITLE:		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>																													
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b>																															
<b>13. PROPOSED PROJECT:</b> <div style="display: flex; justify-content: space-between;"> <div>           Start Date            Ending Date         </div> </div>		<b>14. CONGRESSIONAL DISTRICTS OF:</b> <div style="display: flex; justify-content: space-between;"> <div>           a. Applicant         </div> <div>           b. Project         </div> </div>																													
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%;"></td> <td style="width: 10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td>.00</td> </tr> </table>		a. Federal	\$		.00	b. Applicant	\$		.00	c. State	\$		.00	d. Local	\$		.00	e. Other	\$		.00	f. Program Income	\$		.00	g. TOTAL	\$		.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$		.00																												
b. Applicant	\$		.00																												
c. State	\$		.00																												
d. Local	\$		.00																												
e. Other	\$		.00																												
f. Program Income	\$		.00																												
g. TOTAL	\$		.00																												
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input type="checkbox"/> No																															
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED</b>																															
a. Typed Name of Authorized Representative		b. Title	c. Telephone number																												
d. Signature of Authorized Representative		e. Date Signed																													

Previous Editions Not Usable

Standard Form 424 (REV. 4-88)  
Prescribed by OMB Circular A-102

Authorized for Local Reproduction

## INSTRUCTIONS FOR THE SF 424

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

- | Item:   | Entry: | Item:  | Entry: |
|---|--------|--|--------|
| 1. Self-explanatory.  |        | 12. List only the largest political entities affected (e.g., State, counties, cities).   |        |
| 2. Date application submitted to Federal agency (or State if applicable) & applicant's control number (if applicable).  |        | 13. Self-explanatory.  |        |
| 3. State use only (if applicable).  |        | 14. List the applicant's Congressional District and any District(s) affected by the program or project.  |        |
| 4. If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.  |        | 15. Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate <u>only</u> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |        |
| 5. Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.   |        | 16. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.  |        |
| 6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.  |        | 17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.  |        |
| 7. Enter the appropriate letter in the space provided.  |        | 18. To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)  |        |
| 8. Check appropriate box and enter appropriate letter(s) in the space(s) provided:<br>— "New" means a new assistance award.<br>— "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.<br>— "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. |        |  |        |
| 9. Name of Federal agency from which assistance is being requested with this application.   |        |  |        |
| 10. Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.   |        |  |        |
| 11. Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.   |        |  |        |

**PART II - BUDGET INFORMATION****SECTION A - Budget Summary by Categories**

	(A)	(B)	(C)
1. Personnel			
2. Fringe Benefits (Rate %)			
3. Travel			
4. Equipment			
5. Supplies			
6. Contractual			
7. Other			
8. Total, Direct Cost (Lines 1 through 7)			
9. Indirect Cost (Rate %)			
10. Training Cost/Stipends			
11. TOTAL Funds Requested (Lines 8 through 10)			

**SECTION B - Cost Sharing/ Match Summary (if appropriate)**

	(A)	(B)	(C)
1. Cash Contribution			
2. In-Kind Contribution			
3. TOTAL Cost Sharing / Match (Rate %)			

**NOTE:** Use Column A to record funds requested for the initial period of performance (i.e. 12 months, 18 months, etc.); Column B to record changes to Column A (i.e. requests for additional funds or line item changes; and Column C to record the totals (A plus B).

(INSTRUCTIONS ON BACK OF FORM)

**INSTRUCTIONS FOR PART II - BUDGET INFORMATION****SECTION A - Budget Summary by Categories**

1. **Personnel:** Show salaries to be paid for project personnel.
2. **Fringe Benefits:** Indicate the rate and amount of fringe benefits.
3. **Travel:** Indicate the amount requested for staff travel. Include funds to cover at least one trip to Washington, DC for project director or designee.
4. **Equipment:** Indicate the cost of non-expendable personal property that has a useful life of more than one year with a per unit cost of \$5,000 or more.
5. **Supplies:** Include the cost of consumable supplies and materials to be used during the project period.
6. **Contractual:** Show the amount to be used for (1) procurement contracts (except those which belong on other lines such as supplies and equipment); and (2) sub-contracts/grants.
7. **Other:** Indicate all direct costs not clearly covered by lines 1 through 6 above, including consultants.
8. **Total, Direct Costs:** Add lines 1 through 7.
9. **Indirect Costs:** Indicate the rate and amount of indirect costs. Please include a copy of your negotiated Indirect Cost Agreement.
10. **Training /Stipend Cost:** (If allowable)
11. **Total Federal funds Requested:** Show total of lines 8 through 10.

**SECTION B - Cost Sharing/Matching Summary**

Indicate the actual rate and amount of cost sharing/matching when there is a cost sharing/matching requirement. Also include percentage of total project cost and indicate source of cost sharing/matching funds, i.e. other Federal source or other Non-Federal source.

**NOTE:**

PLEASE INCLUDE A DETAILED COST ANALYSIS OF EACH LINE ITEM.



**FINANCIAL STATUS REPORT**  
(Long Form)  
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned By Federal Agency		OMB Approval No. <b>0348-0039</b>	Page	of pages
3. Recipient Organization (Name and complete address, including ZIP code)						
4. Employer Identification Number		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)		To: (Month, Day, Year)
10. Transactions:		I Previously Reported	II This Period	III Cumulative		
a. Total outlays						
b. Refunds, rebates, etc.						
c. Program income used in accordance with the deduction alternative						
d. Net outlays (Line a, less the sum of lines b and c)						
Recipient's share of net outlays, consisting of:						
e. Third party (in-kind) contributions						
f. Other Federal awards authorized to be used to match this award						
g. Program income used in accordance with the matching or cost sharing alternative						
h. All other recipient outlays not shown on lines e, f or g						
i. Total recipient share of net outlays (Sum of lines e, f, g and h)						
j. Federal share of net outlays (line d less line i)						
k. Total unliquidated obligations						
l. Recipient's share of unliquidated obligations						
m. Federal share of unliquidated obligations						
n. Total federal share (sum of lines j and m)						
o. Total federal funds authorized for this funding period						
p. Unobligated balance of federal funds (Line o minus line n)						
Program income, consisting of:						
q. Disbursed program income shown on lines c and/or g above						
r. Disbursed program income using the addition alternative						
s. Undisbursed program income						
t. Total program income realized (Sum of lines q, r and s)						
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
b. Rate		c. Base		d. Total Amount		e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title				Telephone (Area code, number and extension)		
Signature of Authorized Certifying Official				Date Report Submitted		

## FINANCIAL STATUS REPORT

(Long Form)

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award (e.g., how to calculate the Federal share, the permissible uses of program income, the value of in-kind contributions, etc.). You may also contact the Federal agency directly.

Item	Entry	Item	Entry
1, 2 and 3.	Self-explanatory.	10b.	Enter any receipts related to outlays reported on the form that are being treated as a reduction of expenditure rather than income, and were not already netted out of the amount shown as outlays on line 10a.
4.	Enter the employer identification number assigned by the U.S. Internal Revenue Service.	10c.	Enter the amount of program income that was used in accordance with the deduction alternative.
5.	Space reserved for an account number or other identifying number assigned by the recipient.	Note:	Program income used in accordance with other alternatives is entered on lines q, r, and s. Recipients reporting on a cash basis should enter the amount of cash income received; on an accrual basis, enter the program income earned. Program income may or may not have been included in an application budget and/or a budget on the award document. If actual income is from a different source or is significantly different in amount, attach an explanation or use the remarks section.
6.	Check yes only if this is the last report for the period shown in item 8.	10d, e, f, g, h, i and j.	Self-explanatory.
7.	Self-explanatory.	10k.	Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors.  Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded.  Do not include any amounts on line 10k that have been included on lines 10a and 10j.  On the final report, line 10k must be zero.
8.	Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."	10l.	Self-explanatory.
9.	Self-explanatory.	10m.	On the final report, line 10m must also be zero.
10.	The purpose of columns I, II and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column III of the previous report in the same funding period. If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.	10n,	o, p, q, r, s and t. Self-explanatory.
10a.	Enter total gross program outlays. Include disbursements of cash realized as program income if that income will also be shown on lines 10c or 10g. Do not include program income that will be shown on lines 10r or 10s.  For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances payments made to subrecipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.	11a.	Self-explanatory.
		11b.	Enter the indirect cost rate in effect during the reporting period.
		11c.	Enter the amount of the base against which the rate was applied.
		11d.	Enter the total amount of indirect costs charged during the report period.
		11e.	Enter the Federal share of the amount in 11d.
		Note:	If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

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